

State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
June 9, 2015  
Minutes Index

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I.	Call to Order .....	1
	A. Amendments to Agenda.....	1
	B. Scheduled Agenda Items.....	1
II.	Complaints	
	1. CR13-112.....	2
	2. CR15-12.....	2
	3. CR14-56.....	2
	4. CR14-179.....	2
	5. CR14-186.....	2-3
	6. CR15-10.....	3
	7. CR15-13.....	3
	8. CR15-24.....	3
	9. CR15-18 .....	4
	10. CR15-23 .....	4
	11. CR13-199.....	4
	12. CR15-9 .....	4
	13. CR15-15.....	4
	14. CR15-19.....	5
	15. CR15-30.....	5
	16. CR15-52.....	5
	17. CR 13-33 .....	5
	18. Intentionally left blank	
III.	Assessment and Direction	
	19. AD15-59 .....	6
	20. AD15-29 .....	6
	21. Pending Adjudicatory Hearings and Informal Conferences report.....	6
	22. Consumer Outreach Specialist Feedback (none)	
	23. Physician Feedback (none)	
IV.	Informal Conference CR14-45 .....	6
V.	Minutes for Approval	
	1. Minutes of May 12, 2015.....	6
	2. Amendment to September 10, 2013 minutes.....	6
VI.	Board Orders & Consent Agreement Monitoring and Approval	
	A. Board Orders (none)	
	B. Consent Agreement Monitoring and Approval	
	1. Kevin M. Kendall, M.D. ....	7
	2. Stephen H. Doane, M.D. ....	7
	3. Cameron R. Bonney, M.D. ....	7
VII.	Adjudicatory Hearing 15-49 David R. Austin, M.D.....	7
VIII.	Remarks of Chairman	

	A. Quorum for July meeting.....	7
IX.	Remarks of Executive Director	
	A. Review of complaints in public session.....	7
	B. Procedures for recusal.....	8
	C. Board discipline on the website.....	8
	D. Paul Davis.....	8
X.	Assistant Executive Director's Monthly Report.....	8
	A. Complaint Status Report.....	8
	B. CPEP Assessment Information.....	8
	C. Outstanding Complaints.....	8
XI.	Medical Director's Report (none)	
XII.	Remarks of Assistant Attorney General (none)	
XIII.	Secretary's Report	
	A. Licenses for Ratification	
	1. M.D. Licenses for Ratification.....	9
	2. P.A. Licenses for Ratification.....	10
	B. Applications for Individual Consideration (none)	
	C. Applications for Reinstatement	
	1. Applications for Reinstatement for Ratification.....	10
	2. Applications for Reinstatement for Individual Consideration (none)	
	D. Withdrawals	
	1. Withdraw License Application (none)	
	2. Withdraw License from Registration.....	10-11
	3. Withdraw License from Registration - Individual Consideration (none)	
	E. Licenses to lapse by operation of law .....	11
	F. Licensees requesting to convert to active status (none)	
	G. Renewal applications for review (none)	
	H. Physician Assistant Schedule II Authority Requests for Ratification	
	1. Applications to Renew Schedule II Authority .....	12
	2. Applications for New Schedule II Authority.....	12
XIV.	Standing Committee Reports	
	A. Licensure and CME Committee	
	1. Review of license application.....	13
	B. Public Information Committee .....	13
XV.	Board Correspondence	
	A. PA supervision.....	13
	B. ER coverage.....	13
XVI.	FSMB Material (none)	
XVII.	FYI (none)	
XVIII.	Other Business (none)	
XIX.	Adjournment .....	13

**State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of June 9, 2015**

**Board Members Present**

David D. Jones, M.D., Board Secretary  
David R. Andrews, M.D.  
Cheryl Clukey, M.Ed.  
David H. Dumont, M.D.  
David Nyberg, Ph.D.  
Christopher R. Ross, P.A.-C  
Peter J. Sacchetti, M.D.

**Board Staff Present**

Dennis E. Smith, Executive Director  
Timothy E. Terranova, Assistant Executive Director  
Julie A. Best, Consumer Outreach Specialist  
Kathryn Levesque, Investigator  
Maureen S. Lathrop, Administrative Assistant

**Attorney General's Office Staff Present**

Michael Miller, Assistant Attorney General  
Detective James Gioia

Dr. Gleaton and Dr. Barnhart were absent.

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The Board met in public session, with the exception of the times listed below, which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405, 405(4), 405(6)(E); 10 M.R.S. §8003-B; 22 M.R.S. §1711-C; and 24 M.R.S. §2510). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions were taken on all matters discussed during executive session.

**EXECUTIVE SESSIONS**

**PURPOSE**

9:05 a.m. – 11:00 a.m.  
2:02 p.m. – 3:25 p.m.

Complaints/Assessment and Direction  
Informal Conference

**I. Call to Order**

Dr. Jones called the meeting to order at 9:02 a.m.

**A. Amendments to Agenda**

1. Amendment to September 10, 2013 meeting minutes under minutes for approval
2. Paul Davis under Remarks of Executive Director
3. Consent Agreement regarding Cameron R. Bonney, M.D. under Consent Agreement Monitoring and Approval

**B. Scheduled Agenda Items**

1. 9:00 a.m. Adjudicatory Hearing CR15-49 David R. Austin, M.D.
2. 2:00 p.m. Informal Conference CR14-45

## II. Complaints

### 1. CR13-112 Marc D. Christensen, M.D.

Dr. Jones moved to approve the letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

**MOTION:** The patient complains that his surgeon did not offer him alternatives to surgery, did not know that he had postoperative pain, and did not recognize or treat the cause of his postoperative pain. The physician indicated that, following surgery, he co-signed a note from his physician assistant's examination on the first postoperative day, but did not see the patient prior to discharge.

The letter of guidance will encourage the physician to recognize the importance of personally assessing his hospitalized surgical patients. Although the physician's group practices as a team, documenting and regular personal assessments will allow him to ensure the treatment he provided is having the intended effect. It should also lead to better communication with the patient, which in turn will help ensure patient satisfaction with the process.

### 2. CR15-12

Dr. Dumont moved to order an immediate partial license suspension. The licensee may not treat patients in his home and must have a female chaperone present when treating female patients. Dr. Sacchetti seconded the motion, which passed unanimously.

### 3. CR14-56

Dr. Andrews moved to investigate further. Dr. Nyberg seconded the motion, which passed unanimously.

### 4. CR14-179

Dr. Sacchetti moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Andrews recused.

**MOTION:** The Board generated this complaint when it received notification from the Chief Medical Examiner that a woman died during labor due to complications from epidural anesthesia leading to cardiopulmonary arrest and incorrect endotracheal tube (ETT) placement. The anesthesiologist named in the complaint provided a detailed account of his management of the patient, and a thoughtful analysis of the many factors contributing to the unfortunate outcome. An outside peer review found no gross violation of standard of care.

### 5. CR14-186 Malathy Sundaram, M.D.

Dr. Andrews moved to approve the letter of guidance as amended. Dr. Sacchetti seconded the motion, which passed unanimously.

**MOTION:** The patient complains that filling her requests for prescriptions was contingent upon previously undiscussed conditions. Review of the medical record showed appropriate caution in providing controlled substances to a new patient, but the physician conceded that she did not have a detailed discussion with the patient about the prescribing policies for controlled substances. The patient's non-compliance with requested follow-up visits also contributed to the communication issues. The patient was subsequently discharged from the practice with appropriate transition medication.

The letter of guidance will encourage the physician to recognize that in the interest of managing patient expectations, which is essential to good medical care, clear communication of prescribing policies, treatment plans, and documentation of such in the medical record is essential.

6. **CR15-10**

Dr. Jones moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed unanimously.

**MOTION:** The patient's father complains that the physician, who is employed by a company that provides reviews for clients (i.e., insurance companies), acted unprofessionally and incompetently. The father states the physician, in providing his review, denied his son treatment, made an incorrect assessment of the status of his son's disease, denied his son a known therapeutic treatment when the only other option was ineffective, and that the physician "perjured" himself. The Board finds the physician was offering an opinion in the context of a specific question posed by a client of his employer. The patient and the patient's treating physician were able to appeal and seek another opinion. The father's frustration with the insurance process is acknowledged.

7. **CR15-13**

Ms. Clukey moved to dismiss the complaint. Dr. Andrews seconded the motion, which passed 6-0-0-1 with Dr. Sacchetti recused.

**MOTION:** The patient complains the physician was unprofessional for three reasons: entering false information in her medical record, delaying treatment during her visit to the ER, and allowing his staff to share information with strangers. The physician provided a clear and concise medical record and a detailed timeline of examinations, diagnoses, and treatments during the patient's visit. Both the record and the timeline indicate the care provided was responsive, reasonable and timely. There is no evidence to support the allegation that the physician allowed staff to share medical information with strangers.

8. **CR15-24**

Dr. Sacchetti moved to investigate further. Dr. Dumont seconded the motion, which passed 6-1-0-0.

9. **CR15-18**

Mr. Ross moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed 5-0-0-2 with Dr. Andrews and Dr. Sacchetti recused.

**MOTION:** A patient complains that the physician did not provide him with competent care. Review of the medical record revealed that the patient received reasonable care.

10. **CR15-23**

Ms. Clukey moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed unanimously.

**MOTION:** The complainant contends that the physician prescribed an antibiotic for their son in violation of an agreement reached during a divorce mediation session, and that she removed the label on the prescription bottle to mask who prescribed the medication. The physician outlines a history of conflict with the complainant. She explained that her son began exhibiting symptoms of acute pharyngitis on the weekend and that she prescribed the antibiotic. The physician denied tearing the label off the prescription bottle.

11. **CR13-199**

Mr. Ross moved to investigate further. Dr. Nyberg seconded the motion, which passed 6-0-0-1 with Dr. Sacchetti recused.

12. **CR15-9**

Dr. Dumont moved to investigate further. Dr. Andrews seconded the motion, which passed unanimously.

13. **CR15-15 David M. Leavitt, M.D.**

Dr. Nyberg moved to accept the letter of guidance. Dr. Sacchetti seconded the motion, which passed unanimously.

**MOTION:** The physician was granted an Emergency License on August 1, 2014 which expired on November 10, 2014. As part of the Emergency License application process it was made clear that, by rule, a permanent license application must be submitted within fourteen days of granting the Emergency License. Despite multiple communications initiated by Board staff, complete permanent application materials were not received until after the Board initiated a complaint.

The letter of guidance will encourage the physician to recognize that it is highly improper for a licensee to ignore contacts from any regulatory board. The Board also expects that the physician will take note of his obligation to conform to all of the application requirements which are necessary to protect the public, and that his future responses to this Board will be timely.

**14. CR15-19**

Dr. Dumont moved to dismiss the complaint. Dr. Nyberg seconded the motion, which passed unanimously.

**MOTION:** This case involves an allegation that an expert on child abuse misdiagnosed an infant as being the recipient of abuse. The child was hospitalized with a skull fracture and subdural hematoma. In the course of her workup other injuries were found and reported to the Department of Health and Human Services. It is the state's responsibility to ultimately decide on the legal ramifications of a report of injuries that may have been sustained by abuse. The physician's evaluation appears to have been done without prejudice and is in keeping with the standard of care.

**15. CR15-30**

Mr. Ross moved to dismiss the complaint. Dr. Andrews seconded the motion, which passed 6-0-0-1 with Dr. Sacchetti recused.

**MOTION:** A patient's wife complains that the physician was unprofessional and provided inaccurate information when doing a 312 evaluation. The physician responded that there were some issues with the flow of office activities that morning. The physician denies that he was unprofessional and states that he provided accurate information. Review of the medical record revealed that the patient received reasonable care in a difficult situation.

**16. CR15-52**

Dr. Sacchetti moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed 6-1-0-0.

**MOTION:** As a result of disciplinary action imposed by another state's medical board for failing to disclose a DUI charge on a license application, the Board learned that the physician's Maine license renewal application had been similarly affected and issued a complaint. The physician responded apologetically both for the incident and for her failure to disclose it. She expresses regret for having followed legal advice not to report the incident on the grounds that the charges had been dismissed, yet accepts responsibility for her mistake. She describes her embarrassment over the situation and has had no other offenses. Further discipline is unwarranted.

**17. CR13-33**

Dr. Jones moved to investigate further. Ms. Clukey seconded the motion, which passed unanimously.

**18. Intentionally left blank**

**III. Assessment and Direction**

**19. AD15-59**

Dr. Dumont moved to table the issue until July. Dr. Sacchetti seconded the motion, which passed 6-1-0-0.

**20. AD15-29**

Ms. Clukey moved to investigate further. Dr. Nyberg seconded the motion, which passed 6-0-0-1 with Dr. Jones recused.

**21. Pending Adjudicatory Hearings and Informal Conferences report**

The material was presented for informational purposes. No Board action was required.

**22. Consumer Outreach Specialist Feedback (none)**

**23. Physician Feedback (none)**

**IV. Informal Conference CR14-45**

The Board reviewed a request from the complainant, who resides out of state, to continue the Informal Conference until the July Board meeting so that she could attend. Dr. Sacchetti moved to deny the complainant's request for a continuance. Ms. Clukey seconded the motion, which passed unanimously.

At the conclusion of the Informal Conference, Dr. Jones moved to investigate further. Dr. Andrews seconded the motion, which passed unanimously.

**V. Minutes for Approval**

**1. Minutes of May 12, 2015**

Dr. Nyberg moved to approve the minutes of the May 12, 2015 meeting. Ms. Clukey seconded the motion, which passed unanimously.

**2. Amendment to September 10, 2013 minutes**

Dr. Nyberg moved to amend the current entry in the September 10, 2013 Board meeting minutes regarding ratification of the licenses granted to physicians on List A to include the names of the physicians omitted from the list. Dr. Dumont seconded the motion, which passed unanimously.

**VI. Board Orders & Consent Agreement Monitoring and Approval**

**A. Board Orders (none)**



**B. Consent Agreement Monitoring and Approval**

**1. Kevin M. Kendall, M.D.**

The material was presented for informational purposes. No Board action was required.

**2. Stephen H. Doane, M.D.**

Dr. Nyberg moved to accept the proposed practice monitor. Ms. Clukey seconded the motion, which passed 6-0-0-1 with Dr. Jones recused.

**3. Cameron R. Bonney, M.D. [Appendix A]**

Dr. Dumont moved to accept the signed Consent Agreement. Mr. Ross seconded the motion, which passed 6-0-0-1 with Dr. Nyberg recused.

Dr. Andrews moved to approve the licensee's request that the Board not issue a press release regarding this action. Dr. Dumont seconded the motion, which passed 5-1-0-1 with Dr. Nyberg recused.

**VII. Adjudicatory Hearing – CR15-49 David R. Austin, M.D. [Appendix B]**

Dr. Nyberg moved to accept the signed Consent Agreement for Surrender of License in lieu of holding the Adjudicatory Hearing. Dr. Andrews seconded the motion, which passed 6-0-0-1 with Dr. Dumont recused.

**VIII. Remarks of Chairman**

**A. Quorum for July meeting**

The Board discussed having a quorum available for the July meeting. Only five Board members are available to attend the meeting on July 14<sup>th</sup>, and six members are required for a quorum. After discussion, the Board tentatively moved the date of the meeting to July 7<sup>th</sup>, contingent upon the availability of two members. Confirmation of the July 7<sup>th</sup> meeting date will be e-mailed to Board members.

**IX. Remarks of Executive Director**

**A. Review of complaints in public session**

The Board discussed reviewing complaints during the public session of the meeting rather than during the executive session. The Board will discuss this issue further at the July meeting.

**B. Procedure for recusal**

The Executive Director and AAG Miller discussed the appropriate procedure for recusal. The Board requested that staff draft a policy regarding recusal for their review.

**C. Board discipline on the website**

The Board reviewed its current website and how disciplinary information is available to the public. After discussion, Dr. Nyberg moved to 1) have disciplinary information listed by year; 2) keep the yearly lists on the website for fifteen years; and 3) to have disciplinary information with a link to the document available when a search of an individual licensee is performed in the ALMS licensing database. Disciplinary information will remain in the ALMS licensing database permanently. Ms. Clukey seconded the motion, which passed unanimously.

**D. Paul Davis**

The Board reviewed information regarding Paul Davis from the Maine Medical Professionals Health Program.

**X. Assistant Executive Director's Monthly Report**

The material was presented for informational purposes. No Board action was required.

**A. Complaint Status Report**

As of June 1, 2015 there are seventy-two complaints outstanding. Sixty-two complaints have been received year-to-date and seventy-three have been closed so far this year.

**B. CPEP Assessment Information**

The Assistant Executive Director presented information regarding The Center for Personalized Education for Physicians (CPEP). The material was presented for informational purposes. No Board action was required.

**C. Outstanding Complaints**

The Assistant Executive Director reported on the statuses of complaints from the years 2012 and 2013 that remain open. The material was presented for informational purposes. No Board action was required.

**XI. Medical Director's Report (none)**

**XII. Remarks of Assistant Attorney General (none)**

**XIII. Secretary's Report**

**A. Licenses for Ratification****1. M.D. Licenses for Ratification**

Dr. Dumont moved to ratify the Board Secretary's approval of the following physician license applications. Dr. Andrews seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Alhariri, Ahmad	Internal Medicine	Fort Kent
Alsindi, Fahad	Internal Medicine	Bangor
August, Deborah A.	Pathology	not listed
Barus, Carl E.	Emergency Medicine	Lewiston
Beil, Elizabeth P.	Emergency Medicine	Biddeford
Chand, Mastian G. V.	Internal Medicine	Lewiston
Chandrasekaran, Sowmya	Internal Medicine	Portland
Chanin, Matthew P.	Diagnostic Radiology	Teleradiology
Doroghazi, Paul M.	Surgery	Rumford
Feller, Lance S.	Internal Medicine	Waterville
Foreman, Thomas G.	Surgery	not listed
Fromke, Michael D.	Neurosurgery	Bangor
George, Dale W.	Anesthesiology	Portland
Gluck, Danielle M.	Anesthesiology	Portland
Gonzalez, Karyll D. J.	Internal Medicine	Portland
Herrold, Jeffrey W.	Anesthesiology	Lewiston
Kerecman, Jay D.	Pediatrics	Bangor
Khalil, Fareeha	Internal Medicine	not listed
Lee, Cheryl W.	Ophthalmology	Presque Isle
Lim, Kee-Hak	Ob/Gyn	Bangor
Liu, Hui	Internal Medicine	Bangor
Malik, Sapna	Family Medicine	not listed
Marsh, Lillian E.	Emergency Medicine	Bar Harbor
Mastromarion, Joseph H.	Emergency Medicine	not listed
Mayne, Jennifer C.	Diagnostic Radiology	Teleradiology
McCain, Cameron E.	Family Medicine	not listed
Micic, Vesna	Neurology	Portland
More, Snehal R.	Diagnostic Radiology	Teleradiology
Prakash, Bala	Internal Medicine	Lewiston
Pruzan, Noelle L.	Ophthalmology	Portland
Resnick, Elena L.	Diagnostic Radiology	Portland
Talmadge, Jennifer C.	Diagnostic Radiology	Portland
Trocciola, Susan M.	Thoracic Surgery	Augusta
Unia, Roople K.	Psychiatry & Neurology	Bangor
Wankel, Albert J.	General Surgery	Damariscotta

**2. P.A. Licenses for Ratification**

Dr. Dumont moved to ratify the Board Secretary's approval of the following physician assistant license applications. Mr. Ross seconded the motion, which passed unanimously.

The following physician assistant license applications have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>LICENSE</u>	<u>PSP</u>	<u>LOCATION</u>
Czekaj, Leanne	Active	Teufel, Edward	Scarborough
Knudsen, Emily	Active	Hulefeld, Robert	Wells

**B. Applications for Individual Consideration (none)****C. Applications for Reinstatement****1. Applications for Reinstatement for Ratification**

Dr. Dumont moved to ratify the Board Secretary's approval of the following license reinstatement application. Ms. Clukey seconded the motion, which passed unanimously.

The following license reinstatement application has been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Kassarjian, Ara	Radiology	not listed

**2. Applications for Reinstatement for Individual Consideration (none)****D. Withdrawals****1. Withdraw License Application (none)****2. Withdraw License from Registration**

Dr. Dumont moved to approve the licensees' requests to withdraw from registration. Dr. Sacchetti seconded the motion, which passed unanimously.

<u>NAME</u>	<u>LICENSE NUMBER</u>
Allen, Robert	MD9402
Butler, William	MD13205
Chang, Vivian K.	MD19462
Farrago, Douglas	MD14273
Kamen, Geoffrey	MD17601
Kelsey, Frederick	MD16074
Thaker, Kamlesh	MD10617

Wong, Donovan

MD20060

**3. Withdraw License from Registration – Individual Consideration (none)****E. Licenses to Lapse by Operation of Law**

The following licenses lapsed by operation of law effective May 13, 2015.

<u>NAME</u>	<u>LICENSE NUMBER</u>
Blackinton, Dishad D.	MD15992
Bryant, Leslie Ray	MD19182
Buchanan, Sarah R.	PA1262
Campbell, Ronald R.	MD8899
Coleman, Stephen D.	MD13842
Dean, Anthony J.	MD19625
Eldridge, Edward E. Jr.	MD14679
Emerson, William L.	MD19805
Feinberg, Robert	PA1409
Hasenhuttl, Kurt	MD5177
Haynes, Ormond Lee	MD8454
Heindel, Craig	MD10881
Hughes, Ralph W.	PA192
Islam, Sajjadul	MD9292
Jacuch, Michael R.	MD14424
Kester, Robert R.	MD13171
Kutzen, Barry M.	MD9628
Leck, Richard C.	MD6378
Lilly, Alan	MD16083
Marino, Mark	MD13835
McAleer, Larry	MD17883
McIlvaine, Patricia	MD14103
O'Leary Carpenter, Keenan	MD19337
Onimoe, Grace	MD20122
Romeo Miramon, Bruno A.	MD19951
Salvador, Douglas	MD17244
Shahinfar, Abdol H.	MD6032
Vielehr, Carol P.	PA1314

**F. Licensees Requesting to Convert to Active Status (none)****G. Renewal Applications for Review (none)****H. Physician Assistant Schedule II Authority Requests for Ratification**

## 1. Applications to Renew Schedule II Authority

Dr. Dumont moved to ratify the Board Secretary's approval of the following renewal requests for Schedule II prescribing authority. Ms. Clukey seconded the motion, which passed unanimously.

The following renewal requests for Schedule II prescribing authority have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
Arich, Jennifer	Cushing, Brad	Portland
Cassidy, John	Turner, James	Bangor
Gordon, Lisa	Jones, Howard	Bangor
Greeno, Sarah	Reilly, James	Lewiston
Johnston, Wendy	Alexander, Joseph	Scarborough
Kramer, Kristina	Asherman, Dirk	Portland
LeBreton-Gauthier, Kendra	Turner, James	Bangor
Maurer, Kate	Reddy, Challa	Dexter
McGlew, Shawn	Tooth, Derrick	Augusta

## 2. Applications for New Schedule II Authority

Dr. Dumont moved to ratify the Board Secretary's approval of the following new requests for Schedule II prescribing authority. Dr. Andrews seconded the motion, which passed unanimously.

The following new requests for Schedule II prescribing authority have been approved by Board Secretary David D. Jones, M.D. without reservation.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
Burlock, Lindsay	Michaud, Jean P.	Caribou
Canham, Timothy	Nesin, Noah	Bangor
Duncan, Christopher	Morin, Jessika	Saco
Marquis, Dallas	Nesin, Noah	Bangor
Mejia, Carley	Frost, Carrie	Sanford
McNamara, Richard	Silvia, Kristen	Westbrook
Mejia, Alejandro	Pringle, Dwight	Sanford
Newton, William	Hemphill, Rebecca	Falmouth
Morin, Kathryn	Oldenberg, Frederick P.	Bangor
Oddleifson, Jennifer	Dickens, John	Waldoboro
O'Toole-Roy, Teagan	Nesin, Noah	Bangor
Roberts, Sara	Calkins, Stephanie	Fairfield
Wise, Julie	Rana, Adam	Falmouth

## XIV. Standing Committee Reports

**A. Licensure and CME Committee**

**1. Review of license application**

The Licensure Committee moved to accept the revised license application. The motion passed unanimously.

**B. Public Information Committee**

Dr. Nyberg proposed that the Board consider moving to a web-based newsletter rather than printing and mailing a paper version. He reported that the North Carolina Medical Board currently uses this method. Dr. Nyberg noted that this may allow the Board to track how many licensees are reading the newsletter and which articles are most read.

**XV. Board Correspondence**

**A. PA Supervision**

The Board reviewed correspondence from The Aroostook Medical Center regarding the role of primary and secondary supervising physicians as it relates to semi-annual reviews of physician assistant work performance. The Board believes that the better practice is to have the secondary supervising physician supervising a physician assistant in a specialty area perform semi-annual reviews. However, the current rule regarding physician assistants only requires that the primary supervising physician perform semi-annual reviews. The Board will be reviewing these rules in the near future.

**B. ER Coverage**

The Board reviewed correspondence from Surapaneni Rao, M.D. regarding ER coverage issues. After discussion, the Board determined that this was a medical staffing issue and not under the Board's purview.

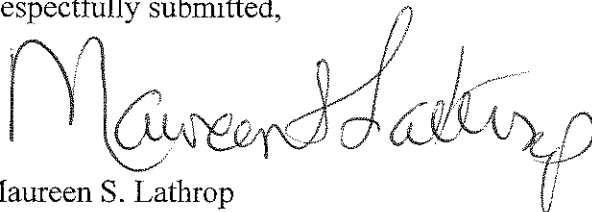
**XVI. FSMB Material (none)**

**XVII. FYI (none)**

**XVIII. Other Business (none)**

**XIX. Adjournment 3:27 p.m.**

Respectfully submitted,



Maureen S. Lathrop  
Administrative Assistant

# APPENDIX A

## STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

IN RE: )  
CAMERON R. BONNEY, M.D. ) CONSENT AGREEMENT  
)

This document is a Consent Agreement, effective when signed by all parties, regarding the pending application for permanent licensure and disciplinary action against the license to practice medicine in the State of Maine of Cameron R. Bonney, M.D. The parties to this Consent Agreement are: Cameron R. Bonney, M.D. ("Dr. Bonney"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Office of the Attorney General.

### STATEMENT OF FACTS

1. The Board first issued Dr. Bonney a Temporary Educational Certificate to practice medicine in a residency program in Maine on July 1, 2011 (certificate number EC 111107). Dr. Bonney's medical residency is in the medical specialty of psychiatry. That certificate expired on June 30, 2014.

2. On April 8, 2014, Dr. Bonney entered into a Consent Agreement with the Board resolving Complaint No. CR12-104. Dr. Bonney admitted that he engaged in unprofessional conduct in violation of 32 M.R.S. § 3282-A(2)(F) by making purposefully dishonest statements to the Board in his response to complaint CR11-480 by denying any use of alcohol and attributing positive urine screens to his use of alcohol-based hand sanitizer. In accordance with that Consent Agreement the Board imposed discipline that included a reprimand, a fine, and two year license probation with conditions. The Board also agreed to issue a renewal of Dr. Bonney's Temporary Educational Certificate for one year subject to the discipline and conditions imposed upon his application therefor.

3. On July 1, 2014, the Board issued Dr. Bonney an Educational Certificate for one year (certificate number EC 141004).

4. On March 9, 2015, the Board received Dr. Bonney's application for a permanent license to practice medicine in Maine. On his application, Dr. Bonney disclosed information regarding his prior discipline, criminal history, and substance use disorder. Dr. Bonney's period of probation imposed by the April 8, 2014 Consent Agreement does not terminate until April 8, 2016.

5. Pursuant to 32 M.R.S. § 3271(5), an applicant may not be licensed unless the Board finds that the applicant is qualified and no cause exists, as set forth in section 3282-A, that may be considered grounds for disciplinary action against a licensed physician or surgeon.

6. Pursuant to 32 M.R.S. § 3282-A(2)(F), the Board may refuse to issue, or impose other discipline for unprofessional conduct.



7. On May 12, 2015, the Board reviewed the foregoing information and voted to preliminarily deny Dr. Bonney's application for permanent licensure. In lieu of the denial, the Board also voted to offer Dr. Bonney this Consent Agreement. Should Dr. Bonney decide to accept this Consent Agreement, he should sign it and date it in front of a notary and return it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before July 2, 2015. Should Dr. Bonney decide not to accept this Consent Agreement and wish to appeal the preliminary denial of his application for permanent licensure, Dr. Bonney must submit a written request for an adjudicatory hearing to the Board within thirty (30) days of receipt of the Notice of Preliminary Denial or the preliminary denial of his application will become final.

#### COVENANTS

8. Dr. Bonney admits the foregoing facts and that his prior conduct constitutes grounds for denial of licensure and imposition of other discipline pursuant to 32 M.R.S. § 3282-A(2)(F).

9. Dr. Bonney agrees to accept the continuation of his license probation and conditions imposed pursuant to the April 8, 2014 Consent Agreement until the original term of that probation is completed. The following provisions remain in effect until April 8, 2016, and written notification of the successful completion of probation is issued by the Board:

A LICENSE PROBATION with conditions through April 8, 2016. The conditions of probation shall include:

(1) Abstinence. Dr. Bonney agrees that he shall completely abstain from the use of any and all Prohibited Substances. "Prohibited Substances"<sup>1</sup> as used throughout this Consent Agreement shall mean: benzodiazepines; sedatives; hypnotics or similar drugs; opiates; Fentanyl; morphine; Demerol; Vicodin; Percocet; amphetamines; mood, consciousness or mind altering substances, whether illicit or not; and all drugs, except those which are dispensed to or prescribed for him by a single primary care physician/medical provider approved by the Board pursuant to this Consent Agreement, unless the circumstances constitute a genuine medical or surgical emergency.

(a). Prescription Medication. If any controlled drug is dispensed or prescribed for Dr. Bonney for a personal medical condition, Dr. Bonney or the Supervising Physician shall notify the Board by telephone and in writing within 48 hours or as soon thereafter as possible. This notice shall be followed by a written summary of all pertinent circumstances, including the identification of the controlled drug. The Board shall be apprised of all continuing

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<sup>1</sup> This definition excludes "alcohol."

pertinent circumstances regarding continued use of the controlled drug, and a written report thereof shall be submitted to the Board.

(b). Future Use of Prohibited Substances Shall Result in Loss of Licensure. Dr. Bonney agrees and understands that any reliable evidence of his use during the period of probation, whether in Maine or elsewhere, of any Prohibited Substance, except as permitted herein, SHALL RESULT IN THE IMMEDIATE, AUTOMATIC SUSPENSION OF LICENSURE PENDING HEARING, AND PROOF OF USE MAY RESULT IN PERMANENT REVOCATION OF LICENSURE.

(2). SINGLE PHYSICIAN/MEDICAL PROVIDER. Dr. Bonney agrees and understands that, with the sole exception of medications permitted by the Board to be prescribed to him by a Board-approved treating physician/medical provider, he shall only obtain his prescription medication(s) from a single physician/medical provider approved by the Board. Dr. Bonney agrees and understands that he will not make any unilateral changes to the medication regimen prescribed for him by his Board approved physician/medical provider. In addition, Dr. Bonney agrees that any and all prescriptions for medications that are prescribed to him by his Board-approved physician/medical provider shall be filled by him at a single pharmacy.

(3). TOXICOLOGICAL TESTING. Dr. Bonney understands and agrees that, for the duration of probation, he will undergo toxicological testing to determine whether he has used a Prohibited Substance as defined above. Dr. Bonney irrevocably agrees that the Board and the Maine Department of Attorney General will have full access to all information involved in the process of the toxicological testing, including but not limited to test data and reports. Dr. Bonney shall execute any and all releases necessary for the Board and/or the Attorney General to have full access to all information related to his toxicological testing. The toxicological testing shall be through any of the following methods approved by the Board:

- (a) Hair testing pursuant to a process approved by the Board;
- (b) Urine testing pursuant to a process approved by the Board;
- (c) Blood testing pursuant to a process approved by the Board.

For the purposes of this section, it is understood by the parties that the Board shall initially approve toxicological hair testing; however, nothing in this section shall be deemed to limit in any way the Board's authority to direct that Dr. Bonney undergo toxicological testing of his urine or blood.

(4). SUPERVISING PHYSICIAN. Dr. Bonney shall, immediately following the execution of this Consent Agreement, confirm the identity of his

Supervising Physician (the "Supervising Physician"), to the Board. The Board shall have the sole discretion to deny or approve any Supervising Physician proposed by Dr. Bonney. The Supervising Physician shall personally oversee the toxicological testing by a method approved by the Board of Dr. Bonney for the presence of Prohibited Substances. Under no circumstances shall Dr. Bonney fail to appear and/or provide a sample for testing as required by this Consent Agreement.

(a). Process. All hair, blood or urine samples shall be handled through legal chain of custody methods. All hair, blood or urine samples provided shall be analyzed by a certified laboratory, which regularly handles drug monitoring tests. All samples shall be tested for the presence of Prohibited Substances, specifically including but not limited to amphetamines.

(b). Frequency of Toxicological Testing. It is Dr. Bonney's obligation to ensure that he complies with the following schedule of toxicological testing:

- (i) Hair testing. If this method of testing is approved by the Board, Dr. Bonney shall, following the execution of this Consent Agreement, provide hair samples for testing for the presence of Prohibited Substances at least once per calendar month.
- (ii) Blood/Urine. If this method of testing is approved by the Board, Dr. Bonney shall, following the execution of this Consent Agreement, provide blood/urine samples for testing for the presence of Prohibited Substances at least twenty (20) times per calendar year.

Failure to maintain this schedule shall be cause for suspension, non-renewal or revocation of Dr. Bonney's license to practice medicine, unless proof of genuine emergent medical circumstances (for Dr. Bonney or a patient) exist which warrant less serious disciplinary actions being taken by the Board.

(c). Methodology of Toxicological Testing. Any toxicological testing performed on Dr. Bonney that initially indicates his use of a Prohibited Substance shall automatically result in an LC-MS confirmation test. If the LC-MS confirmation test is "positive" for the presence of a Prohibited Substance, then the test result will be "positive."

(d). Reporting Test Results. It is Dr. Bonney's responsibility to ensure that all test results are reported to the Board in accordance with the following:

(i). Immediate Report of Positive Test Results. Any "positive" toxicological test result evidencing any level of a Prohibited Substance shall be reported to the Board by telephone and in writing within 24 hours or as soon thereafter as possible.

(ii). Reporting Negative Test Results. Written reports of all toxicological tests shall be sent to the Board monthly, together with an explanation of the dates and times samples were provided and tests made, the type(s) of tests made, and the substances tested for (together with detectable levels tested for), and the test results. Dr. Bonney shall ensure that all reports are made to the Board in a timely fashion.

(iii). Confidentiality Waived. With regard to the Board and its agents and any process to be pursued by the Board, Dr. Bonney hereby waives all claims of confidentiality and privilege with respect to all toxicological tests taken and toxicological test results pursuant to this Consent Agreement. Dr. Bonney shall execute any and all releases in order for the Board to obtain access to and copies of all urine test results.

(e). Rebuttable Presumption Raised by Positive Test. It is agreed and understood that a toxicological test evidencing the presence of any Prohibited Substance, shall raise a rebuttable presumption that such substance was in fact used by Dr. Bonney. Such a positive test result shall alone be sufficient to prove the use of the Prohibited Substance by Dr. Bonney. Dr. Bonney further agrees that the result of the toxicological test may be admitted into evidence in any proceeding regarding his license to practice medicine, whether before the Board or before a Court of competent jurisdiction. Dr. Bonney is hereby advised that ingestion of poppy seeds has from time to time been raised as a defense to a positive screen result for morphine and/or opiates. For that reason, Dr. Bonney agrees to refrain from ingesting poppy seeds in any food substances during the period of probation. In the event that Dr. Bonney has a positive screen for morphine and/or opiates, Dr. Bonney agrees that the ingestion of poppy seeds shall not constitute a defense to such a positive screen.

(f). Immediate, Automatic Suspension for Positive Test. If any toxicological test is reported to be "positive" (as defined above) then the result shall be the immediate, automatic suspension of Dr. Bonney's license to practice medicine, which shall continue until the Board holds a hearing on the matter, unless the Board, or the Board Secretary and the Department of Attorney General, earlier determine that the report is without merit. The suspension shall become effective at the time that Dr. Bonney receives actual notice from the Board that a report of violation(s) has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the

above-referenced means.

(g). Board Hearing to Determine if Dr. Bonney Used Any Prohibited Substance. After receiving a positive report evidencing use by Dr. Bonney of any Prohibited Substance, the Board shall investigate the situation, including initiating a complaint and demanding a written response from Dr. Bonney. The Board will hold a hearing within 30 days of the automatic suspension or as soon thereafter as practicable (unless both Dr. Bonney and the Board agree to hold the hearing later) and it shall be held pursuant to the Maine Administrative Procedure Act.

(h). Failure to Maintain Sampling Schedule or Failure to Appear or to Provide Sample. Failure by Dr. Bonney to maintain the sampling schedule; to appear when demanded to provide a sample; or to provide testable samples upon being demanded to do so shall be dealt with as follows:

(i). Report. If Dr. Bonney fails to appear to provide a hair sample, fails to maintain the sampling/testing schedule, or fails to provide a blood or urine sample, then the Supervising Physician and Dr. Bonney must telephone the Board as soon as possible and send to the Board a written report of such failure within 48 hours.

(ii). Suspension. An immediate, indefinite suspension of licensure shall result from any failure by Dr. Bonney to comply with the mandated schedule of samples, failing to appear to provide a sample, or failing to provide a testable sample. The suspension shall begin the moment Dr. Bonney actually learns a report has been made or sent to the Board.

(iii). Board Action. The Board may order Dr. Bonney's license reinstated or, if appropriate, may continue the suspension and may set the matter for hearing. The Board shall attempt to hold a hearing within 60 days of the automatic suspension, or as soon thereafter as practicable, at which time it may take such action as it deems appropriate, including without limitation, reinstatement, fines, probation, suspension, non-renewal and revocation.

(5) PROFESSIONAL MANAGEMENT.

(a). Substance Misuse Treatment. Within thirty (30) days following the execution of this Consent Agreement, Dr. Bonney shall confirm the name the licensed substance misuse health care provider with whom Dr. Bonney is engaged in substance misuse treatment and as frequently and for as long as determined necessary by the provider(s). The Board shall retain the sole

discretion, without hearing, to grant or deny approval of the provider(s) proposed by Dr. Bonney. In the event that the Board-approved substance misuse provider indicates that no on-going treatment for substance misuse is necessary, he/she shall provide the Board with a formal substance abuse evaluation to support his/her opinion.

(b). Prior Evaluation and Treatment Records. The Board and Dr. Bonney agree that Dr. Bonney shall execute all releases necessary to permit the transmission and disclosure of all records from any previous substance misuse treatment providers to the Board approved substance misuse treatment provider. In addition, by entering into this Consent Agreement, Dr. Bonney expressly consents to the Board's release of any evaluations in its possession to his Board-approved substance misuse treatment provider.

(c). Communication of Substance Misuse Treatment Providers. The Board and Dr. Bonney agree that all substance misuse treatment providers involved in his care shall have full communication allowed among themselves, any prior treatment providers and, when requested, with the Board or its agent(s). Dr. Bonney waives any privileges concerning such information, reports, records, and communications among his substance misuse treatment providers and the Board.

(d). Change of Substance Misuse Care Provider. If Dr. Bonney desires to change his substance misuse health care provider, then he shall make written application to the Board, including among other things a letter regarding his reasons for requesting such change(s) and separate letters from the current substance misuse care provider and the proposed new substance misuse health care provider or treatment provider(s) relative to their understanding of the reasons for this request and, to the extent applicable, any concerns they may have. The Board shall retain the sole discretion to grant or deny such application without hearing. If the request is denied, nothing precludes Dr. Bonney from proposing another substance misuse care provider for approval. In requesting a change of the substance misuse care provider, Dr. Bonney understands that the Board may inquire into any issues it deems pertinent with any person, including, without limitation, contacting directly the current substance misuse care provider.

(e). Reports from Substance Misuse Treatment Provider. Dr. Bonney shall ensure that the Board-approved treatment provider(s) submit(s) to the Board (a) written report(s) every ninety (90) days regarding: Dr. Bonney's compliance with his schedule of meetings; Dr. Bonney's ability to continue practicing medicine; and the prognosis of Dr. Bonney's continued recovery. In addition, the treatment providers shall immediately notify the Board in writing whenever: (1) in his/her professional judgment, Dr. Bonney poses a potential danger to the health, safety and welfare of patients; or (2) Dr. Bonney terminates

treatment or is non-compliant with the treatment plan. Dr. Bonney hereby waives any privileges concerning such information, reports, records and disclosures to the Board.

(f). Board Investigation. At any time the Board may deem appropriate, the Board or its agent may contact Dr. Bonney and/or the Board-approved substance misuse treatment providers to obtain further information relative to Dr. Bonney. In addition, if the Board deems it appropriate, it may directly contact the substance misuse treatment providers regarding any issues concerning Dr. Bonney's treatment. In complying with this requirement, Dr. Bonney waives any privileges concerning such information, reports, records and disclosures to the Board. Dr. Bonney shall execute any and all releases necessary to enable the Board and/or the Department of Attorney General to communicate directly with his substance misuse treatment provider(s) and to obtain copies of any and all notes, records, and documentation concerning his substance misuse treatment.

(6) Notification to Employer(s)/Potential Employers/Licensing Jurisdictions. Dr. Bonney shall provide a copy of this Consent Agreement to any employer(s) or potential employer(s), postgraduate training programs and fellowships, and to any jurisdiction in which he holds or seeks a medical license.

10. Dr. Bonney agrees and understands that the Board and the Department of Attorney General shall have complete access to his present and future counseling records regarding chemical dependency and/or substance misuse and to all otherwise confidential data pertaining to treatment or monitoring of Dr. Bonney for substance misuse. Dr. Bonney waives any privileges concerning such information, reports, or records, and agrees to execute any and all releases necessary to permit the Board access to such information during the term of this Consent Agreement. All releases must, in addition to waiving any relevant State law privileges or immunities, provide the Board with access to all material covered by 42 C.F.R., Part 2. In the event that the releases are not sufficient to obtain access to any information which the Board considers relevant, Dr. Bonney agrees to personally obtain such information and furnish it to the Board.

11. a. Automatic Suspension. Any reliable oral or written report to the Board of violation(s) of the terms and conditions of this Consent Agreement as described above by Dr. Bonney (other than the receipt of an initial "positive" test, the consequence of which is described above) shall result in the immediate, and automatic suspension of Dr. Bonney's license to practice medicine in accordance with 32 M.R.S. § 3286, and subject to 5 M.R.S. § 10004(3). The automatic suspension of Dr. Bonney's license to practice medicine shall become effective at the time that he receives actual notice from the Board that a report of violation(s) has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the above-referenced means. The indefinite, automatic suspension shall continue until the Board holds a hearing on the matter, unless the Board earlier determines that the report

is without merit or decides that no further sanction is warranted.

b. Continued Suspension; Other Sanctions. Dr. Bonney's automatic license suspension shall continue for such time until the Board holds a hearing and reaches a decision. The Board will hold a hearing within 30 days of the automatic suspension pursuant to 5 M.R.S. § 10004(3) (unless both Dr. Bonney and the Board agree to hold the hearing later) and shall be held pursuant to the Maine Administrative Procedure Act. The Board may impose such other discipline, including without limitation, fines, further suspension, probation, non-renewal or revocation of licensure, as the Board after hearing deems appropriate.

c. General Acknowledgment. Dr. Bonney acknowledges that, pursuant to Title 10 M.R.S. § 8003(5)(B), his failure to comply with any of the terms or conditions of this Consent Agreement shall constitute grounds for disciplinary action against his license to practice medicine, including but not limited to an order issued by the Board, after hearing, modifying, suspending, or revoking his license. In addition, Dr. Bonney agrees and acknowledges that, pursuant to 10 M.R.S. § 8003(5), the Board has the authority to suspend or revoke his license to practice medicine for any violation of the terms or conditions of this Consent Agreement.

12. Dr. Bonney shall have his supervising physician and all treatment providers read, date, and sign a copy of the Consent Agreement (the "Designated Copy"). Dr. Bonney shall retain a copy of the Consent Agreement signed by all of the aforementioned individuals at his practice locations and shall produce it upon request of the Board or its agent(s). Dr. Bonney shall ensure that he provides the Board with a copy of the signature page containing the signatures of his supervising physician and substance misuse health care provider. Dr. Bonney agrees that if new individuals assume the roles set forth in this Consent Agreement during the existence of this Consent Agreement, such individuals shall also read, date and sign the Consent Agreement, and he shall send a copy of the updated signature page to the Board.

Dr. Bonney shall provide a copy of this Consent Agreement to any hospital or medical practice with whom he is or becomes affiliated.

13. a. Notice. Unless otherwise specified in this Consent Agreement, written notice shall be deemed served upon mailing by first class mail, postage prepaid.

(i). Notice to the Board:

State of Maine Board of Licensure in Medicine  
Attention: Board Investigator  
137 State House Station  
Augusta, Maine 04333-0137  
Telephone: (207) 287-3601

(ii). Notice to the Licensee:



Cameron R. Bonney, M.D.  
36 Winter Street, Apt. 3  
Portland, ME 04102

b. Address Change. If Dr. Bonney changes jobs, moves his residence or practice, changes telephone numbers at work or at home, or secures privileges at a hospital, he shall provide written notice to the Board within ten (10) days of any such change. In addition, Dr. Bonney shall notify the Board of any attempts to seek licensure in another jurisdiction, and shall disclose to the licensing authority in such jurisdiction of his status with this Board.

c. Costs. All costs incurred in performance of the conditions of this Consent Agreement shall be borne by Dr. Bonney. If a violation of this Consent Agreement is proven to have occurred, regardless of the sanctions imposed, the Board may require Dr. Bonney to reimburse the Board for all actual costs and attorney's fees incurred in proving such violation.

d. Hearings. Unless otherwise specified, hearings shall be held consistent with the Maine Administrative Procedure Act.

e. Severance. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

14. The Board voted at its May 12, 2015 meeting that upon execution of this Consent Agreement, the Board issue a license to Dr. Bonney contingent upon his meeting all other licensure requirements.

15. The conditions of probation imposed by this Consent Agreement on Dr. Bonney's license to practice medicine shall remain in effect until April 8, 2016, or until amended or rescinded in writing by the parties hereto. Upon Dr. Bonney's successful completion of probation, the Board shall notify Dr. Bonney in writing of the termination of his probation and conditions.

16. Dr. Bonney waives his right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Bonney agrees that this Consent Agreement is not appealable and is effective until modified or rescinded in writing by the parties hereto. Requests for amendments to this Consent Agreement by Dr. Bonney shall be made in writing and submitted to the Board. Dr. Bonney shall bear the burden of demonstrating that the Board should amend the Consent Agreement. The Board shall have the sole discretion to: (a) deny Dr. Bonney's request; (b) grant Dr. Bonney's request; and/or (c) grant Dr. Bonney's request in part as it deems appropriate to ensure the protection of the public. Any decision by the Board as a result of Dr. Bonney's request to modify this Consent Agreement need not be made pursuant to a hearing and is not appealable to any court.

17. The Board and the Attorney General may communicate and cooperate regarding Dr. Bonney's practice or any other matter relating to this Consent Agreement.

18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

19. This Consent Agreement constitutes discipline/adverse licensing action and is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions.

20. Dr. Bonney has had an opportunity to consult with legal counsel regarding the terms and conditions of this Consent Agreement. Dr. Bonney has been represented by Christopher C. Taintor, Esq.

21. For the purposes of this Consent Agreement, "execution" means the date on which the final signature is affixed to this Consent Agreement.

**I, CAMERON R. BONNEY, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.**

Dated: 6/5/2015

  
CAMERON R. BONNEY, M.D.

STATE OF Maine  
Cumberland, S.S. (County)

Personally appeared before me the above-named, Cameron R. Bonney, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

Dated: 6/5/15

  
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: \_\_\_\_\_

Dated: June 5, 2015

Christopher C. Taintor  
CHRISTOPHER C. TAINTOR, ESQ.  
Attorney for Cameron R. Bonney, M.D.

STATE OF MAINE BOARD OF  
LICENSURE IN MEDICINE

Dated: 6/9/15

David D. Jones  
DAVID D. JONES, M.D., Acting Chairman

STATE OF MAINE DEPARTMENT  
OF ATTORNEY GENERAL

Dated: June 9, 2015

Michael Miller  
MICHAEL MILLER  
Assistant Attorney General

Effective Date: June 9, 2015

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

In re:	)	
David R. Austin, M.D.	)	CONSENT AGREEMENT FOR
Complaint No. CR15-49	)	SURRENDER OF LICENSE

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice medicine in the State of Maine held by David R. Austin, M.D. The parties to the Consent Agreement are: David R. Austin, M.D. ("Dr. Austin"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. The Board first issued Dr. Austin a license to practice medicine in Maine on March 31, 1989 (License number MD12687). Dr. Austin specializes in Family Practice.
2. On April 14, 2015, the Board received information from the Maine Medical Professionals Health Program ("MPHP") reporting that Dr. Austin had declined to obtain a recommended evaluation, treatment and monitoring agreement with MPHP following his termination from recent employment due to an alcohol related event. The MPHP information indicated that Dr. Austin entered into a contract with Quicksilver Group International, LLC ("Quicksilver") to provide relief care to Ebola patients in Liberia. On March 24, 2015, MPHP received an email from Tracey CS van Heerden, Chief Operating Officer of Quicksilver, reporting that Dr. Austin's contract with that entity was terminated on February 11, 2015, due to his arriving at the treatment unit "inebriated and unable to perform his duties." Dr. Austin met

with MPHP staff on April 7, 2015, and maintained that he was not on duty at the time that the incident occurred, but went to the treatment unit only to pick up his computer. He admitted to MPHP staff that he was inebriated, having drunk to excess on his day off. The MPHP referred to a prior assessment of Dr. Austin that had been conducted following the Board's referral after Dr. Austin reported on his license renewal application that he had been charged with Operating Under the Influence ("OUI"). Dr. Austin was evaluated on July 17, 2014. The evaluator concluded that he did not have an underlying alcohol misuse disorder or any impairment that posed a risk to patient care. As a result of that evaluation, Dr. Austin was not required to enroll in MPHP, but was encouraged to enter voluntarily, which he did not do. In addition, the MPHP advised Dr. Austin that it would require enrollment in a monitoring agreement should there be any further concerns related to substance misuse or impairment. The MPHP further reported that based on the OUI and subsequent referral for an alcohol-related event at work, "MPHP now believes that Dr. Austin should be monitored and re-evaluated in the interest of public safety."

3. On April 14, 2015, the Board also received information from Ms. van Heerden who stated that Dr. Austin contracted on December 12, 2014 with Quicksilver in the position of Ebola Treatment Unit ("ETU") MD through April 16, 2015. She stated that on February 11, 2015, his contract was terminated with immediate effect following an incident which occurred on February 8, 2015, where he was under the influence of alcohol and as a result, he was unable to perform his duties in the ETU. Ms. van Heerden stated that Dr. Austin realized that he was unfit for duty and had arranged for a shift change. When confronted, Dr. Austin admitted that he had "imbibed excess levels of alcohol, but undertook to seek treatment/help once back in the USA." Finally, she stated that "Dr. Austin had agreed to abide by our zero alcohol and drug policy

which forms a part of our contract with all consultants,” and was terminated for breach of contract and inability to perform his duties to the satisfaction of Quicksilver’s client.

4. As referenced in the April 13, 2015 letter from MPHP, Dr. Austin disclosed on his May 16, 2014 application for renewal of his license that that he had pled guilty on March 18, 2014 to OUI, and that he entered into a deferred disposition agreement that postponed the final disposition on that charge. Dr. Austin also disclosed that on March 20, 2014, two days after entering his plea on the OUI, he was charged with Violation of a Condition of Release, which he denied committing, on May 13, 2014. This charge arose out of violation of a bail condition that prohibited Dr. Austin from using or possessing alcoholic beverages. At the time of his renewal application, both matters were still pending final disposition.

5. On April 14, 2015, the Board reviewed the foregoing information and voted to: a) order the immediate suspension of Dr. Austin’s Maine medical license pursuant to 5 M.R.S. § 10004(3) for a period of 30 days due to the immediate jeopardy that his continued practice of medicine posed to the public, and schedule the matter for an adjudicatory hearing on May 12, 2015; b) issue a complaint against Dr. Austin’s Maine medical license; and c) require that Dr. Austin undergo a substance abuse evaluation pursuant to 32 M.R.S. § 3286.

6. Further investigation revealed that Dr. Austin pled guilty and was convicted of Violating Condition of Release on August 12, 2014.

7. The parties entered into an Interim Consent Agreement on May 26, 2015, providing for the continued suspension of Dr. Austin’s license through June 9, 2015.

8. On May 28, 2015, Dr. Austin answered the Complaint admitting that he was discharged from employment from Quicksilver based upon his appearance at the clinic while under the influence of alcohol, and denying all remaining allegations.

9. Pursuant to Board request, Christine Gray, Psy.D., conducted a substance abuse evaluation of Dr. Austin on April 24, 2015, and May 8, 2015. Based on that evaluation, Dr. Gray determined that Dr. Austin met the DSM-IV criteria for substance abuse and for alcohol use disorder, and that his "level of denial around his substance abuse ... could potentially interfere with his ability to function in his job as a physician."

10. This Consent Agreement has been negotiated by legal counsel for Dr. Austin and legal counsel for the Board. Absent acceptance of this Consent Agreement by Dr. Austin by signing it and dating it in front of a notary and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before June 8, 2015, this matter shall proceed to an adjudicatory hearing regarding complaint CR15-49 on June 9, 2015.

11. By signing this Consent Agreement, Dr. Austin consents to the presentation of this proposed Consent Agreement to the Board for possible ratification. Dr. Austin hereby waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

#### COVENANTS

12. Dr. Austin neither admits nor denies the foregoing facts. However, Dr. Austin agrees that if this matter were to proceed to a hearing the Board could find sufficient evidence to impose discipline on Dr. Austin's license to practice medicine pursuant to 32 M.R.S. 3282-A(2)(B) for misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients.

13. In order to resolve this matter without further proceedings, Dr. Austin agrees to the IMMEDIATE SURRENDER of his Maine medical license effective upon the execution of

this Consent Agreement. The Board hereby acknowledges that Dr. Austin's license is already in its possession having been surrendered as a result of the suspension of his license.

14. Nothing in this Consent Agreement shall prohibit Dr. Austin from, at reasonable intervals, petitioning the Board for reinstatement of his Maine medical license. Upon petitioning the Board for reinstatement, Dr. Austin shall bear the burden of demonstrating that: (a) his Maine medical license should be reinstated; and (b) that the resumption of his practice of medicine would not pose a risk to the public; and (c) that no reasonable grounds exist for the Board to deny his application for reinstatement. The Board, upon receipt of any such petition for reinstatement from Dr. Austin, may direct that he undergo whatever testing and evaluations that it deems appropriate. In addition, Dr. Austin shall execute any and all releases so that the Board, Board staff, and Department of Attorney General may obtain copies of his medical, psychological, substance abuse, and counseling records and evaluations. Following its receipt of a petition for reinstatement from Dr. Austin, and its review of any records, evaluations and investigative information, the Board shall retain the authority to: (a) deny the petition; (b) grant the petition; or (c) grant Dr. Austin a license subject to restrictions and/or conditions pursuant to a consent agreement under the authority of 32 M.R.S. § 3282-A(2) and 10 M.R.S. 8003(5).

15. Violation of any of the terms or conditions of this Consent Agreement by Dr. Austin shall constitute unprofessional conduct and grounds for additional discipline of his Maine medical license by the Board, including but not limited to possible civil penalties, additional period(s) of suspension, and revocation of licensure.

16. Dr. Austin has been represented by legal counsel, Peter B. Bickerman, Esq. with respect to the terms of this Consent Agreement.



17. This Consent Agreement is not appealable, constitutes disciplinary action, is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions, and is effective until modified or rescinded in writing by all of the parties hereto.

18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

20. For the purposes of this Consent Agreement, the term "execution" means the date on which the final signature is affixed to this Consent Agreement.

**I, DAVID R. AUSTIN, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, THAT I WAIVE CERTAIN RIGHTS. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.**

DATED: 6/8/15 David R. Austin  
DAVID R. AUSTIN, M.D.  
STATE OF Maine  
York, S.S. (County)

Personally appeared before me the above-named David R. Austin, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 6/8/15 Deborah Vance  
NOTARY PUBLIC  
MY COMMISSION ENDS: May 11<sup>th</sup> 2020

Jun. 8. 2015 10:34AM TD BANK NA. 207-324-3343

No. 2182 P. 8

DATED: 6/8/2015

Peter Bickerman  
PETER B. BICKERMAN, ESQ.  
Attorney for Dr. Austin

DATED: 6/9/15

David D. Jones  
~~MARCOULLA S. GLEATON, M.D., Chairman~~  
MAINE BOARD OF LICENSURE IN MEDICINE  
David D. Jones, M.D., Acting Chairman

DATED: June 9, 2015

Michael Miller  
MICHAEL MILLER, Assistant Attorney General  
DEPARTMENT OF THE ATTORNEY GENERAL

APPROVED  
EFFECTIVE: June 9, 2015